

VA/DoD Clinical Practice Guideline for the Management of Ischemic Heart Disease (IHD) - Module G - Key Points Card

MANAGEMENT OF MEDICAL FOLLOW-UP

- Identify and triage IHD patients with a possible acute coronary syndrome (i.e., ST-elevation MI [STEMI], non-ST-elevation MI [NSTEMI], or unstable angina)
- Assess if stable symptoms are due to noncardiac conditions
- Identify and treat other medical conditions that may exacerbate IHD symptoms
- Ensure all patients receive aspirin (or other antiplatelet therapy, as appropriate)
- Titrate pharmacological therapy for ischemia, angina, and congestive heart failure (CHF) to physiologic endpoints, therapeutic doses, or patient tolerance
- Administer a cardiac stress test to assess the risk of future cardiac events, if not previously performed, or if there has been worsening of ischemic symptoms
- Initiate angiotension-converting-enzyme (ACE) inhibitor therapy for patients with significant DM and/or left ventricular (LV) dysfunction (ejection fraction [EF] <0.40). Consider in patients without LV dysfunction
- Identify and provide therapy for patients with heart failure
- Identify patients at high risk for sudden cardiac death or complications for whom cardiology referral is appropriate

SECONDARY PREVENTION

- Assure appropriate treatment with beta-adrenergic blocking agents (beta-blockers) in patients with prior MI.
- Identify and treat patients with high low-density-lipoprotein cholesterol (LDL-C)
- Assess and treat high blood pressure
- Reduce cardiac risk with smoking cessation
- Promote cardiac rehabilitation as secondary prevention
- Achieve tight glycemic control in diabetics
- Screen for depression and initiate therapy or refer
- Arrange follow-up

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

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DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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